



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH MORGAN HOSPITAL INC

City of Hospital: Martinsville

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Person Completing the  
Report: Stacy Oelke

Email Address: soelke1@iuhealth.org

Medicare Provider Number: 15-0038

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$33558682
Outpatient Patient Service Revenue	\$104322992
Total Gross Patient Service Revenue	\$137881674

2. Deductions From Revenue

Contractual Allowance	\$84169050
Other Deductions	\$1968912
Total Deductions	\$86137962

3. Total Operating Revenue

Net Patient Service Revenue	\$51743712
Other Operating Revenue	\$2830595
Total Operating Revenue	\$54574307

4. Operating Expenses

Salaries and Wages	\$16007128	Employee Benefits	\$4542200
Depreciation and Amortization	\$3949630	Interest Expense	\$32515
Bad Debt	\$9149965	Other Expenses	\$16658087
Total Operating Expenses	\$50339525		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4234782	Total Assets	\$44567867
Net Non-operating Gains over Loss	\$212666	Total Liabilities	\$7455914
Total Net Gains	\$4447448		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$58400233	\$46346983	\$12053250
Medicaid	\$26929346	\$22824141	\$4105205
Other Government	\$3027763	\$2673562	\$354201
Other State	\$0	\$0	\$0
Other Payers	\$49524332	\$20189675	\$29334657
Total	\$137881674	\$92034361	\$45847313

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$13836	\$29296	\$-15460

Hospital Patients	\$0	\$112	\$-112
Community Education	\$11372	\$13945	\$-2573

Number of Medical Professionals Trained	500
Number of Hospital Patients Educated	67000
Number of Citizens Exposed to Health Education Messages	75000

Statement Six: Charity Statement
----------------------------------

Hospital Charity Charges	\$2211803
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1968912	
HCI Payments	\$0		
Subtotal	\$0	\$1968912	\$-1968912
Medicaid Shortfalls	\$0	\$713390	
Subtotal	\$0	\$2682302	\$-2682302
DSH Payments	\$1,568,156		
Subtotal	\$1568156	\$2682302	\$-1114146
Medicare Shortfalls	\$0	\$867635	
Other Government Programs	\$0	\$2540	
Total	\$1568156	\$3552477	\$-1984321

Statement Seven: Subsidized Health Services for the Community
---

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$15910	\$-15910
Other Allocations	\$0	\$0	\$0

